



1600 9th Street, Room 420, Sacramento, CA 95814

Phone (916) 654-3362

FAX (916) 653-0755 or (916) 654-2973

*(Must be printed or typed)*

<b>EXAM APPLYING FOR:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> CLASS A  OSHPD  HOSPITAL INSPECTOR CERTIFICATION # _____  <small>(IF APPLICABLE)</small> </div> <div> <input type="checkbox"/> New  <input type="checkbox"/> CLASS B  Recertification </div> <div> <input type="checkbox"/> CLASS C </div> </div>		<b>PREFERRED TEST LOCATION:</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> LOS ANGELES AREA <input type="checkbox"/> SACRAMENTO AREA </div>																	
<b>NAME:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(LAST)</span> <span>(FIRST)</span> <span>(M I)</span> </div>																			
<b>ADDRESS:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(NUMBER)</span> <span>(STREET)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>(CITY)</span> <span>(COUNTY)</span> <span>(STATE)</span> <span>(ZIP CODE)</span> </div> <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> Check if this is a change of address </div>																			
<b>TELEPHONE:</b> (_____) (_____) (_____) _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(BUSINESS)</span> <span>(HOME)</span> <span>(FAX)</span> </div>																			
DO YOU HAVE A DISABILITY / IMPAIRMENT FOR WHICH YOU MAY NEED ASSISTANCE DURING A WRITTEN OR ORAL TEST? IF "YES", YOU WILL BE CONTACTED TO MAKE SPECIFIC ARRANGEMENTS. <div style="float: right; text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>																			
<b>CURRENT VALID CERTIFICATES, LICENSES, AND MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS (COPIES MUST BE ATTACHED)</b> <input type="checkbox"/> ICBO <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____																			
FORMERLY EMPLOYED BY OSHPD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", DATE OF SEPARATION? _____																			
<b>CONSTRUCTION / INSPECTION RELATED EDUCATION or SEMINARS ATTENDED:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 45%;">NAME AND LOCATION OF SCHOOL OR ORGANIZATION</th> <th style="width: 25%;">COURSE OF STUDY</th> <th style="width: 15%;">HOURS</th> <th style="width: 15%;">DATE COMPLETED</th> </tr> </thead> <tbody> <tr><td style="height: 40px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td><td></td></tr> </tbody> </table>				NAME AND LOCATION OF SCHOOL OR ORGANIZATION	COURSE OF STUDY	HOURS	DATE COMPLETED												
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<b>EXPERIENCE:</b> BEGINNING WITH YOUR MOST RECENT POSITION, GIVE DETAILS ON YOUR EXPERIENCE WHICH QUALIFIES YOU FOR ENTRANCE TO THIS EXAMINATION. A RESUME MAY BE USED FOR THIS PORTION OF THE APPLICATION, BUT MUST INCLUDE THE SAME INFORMATION AS LISTED BELOW.																			
<u>LENGTH OF PROJECT ASSIGNMENT</u>  FROM: _____ TO: _____  TOTAL: _____ YR. _____ MO.  HOURS WORKED PER WEEK: _____	<b>DUTIES:</b>   <input type="checkbox"/> Verification attached.	<u>NAME, ADDRESS &amp; PHONE NO. OF EMPLOYER(S)/CLIENT:</u>   <hr/> <u>FACILITY NAME, TYPE OF CONSTRUCTION PROJECT, &amp; TOTAL PROJECT COST:</u>																	

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### CERTIFICATION OF APPLICANT

*I Hereby Certify, that all statements made in this application are true and complete.*

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

NOTE: An application which is incomplete or is not accompanied by the required documents and/or fees may be rejected by the Office. The application, documents and fees will be returned to the applicant with a statement of reasons for nonacceptance.

### Fee Schedule

Application Review (non-refundable) ..... \$100.00

AMOUNT ENCLOSED \$\_\_\_\_\_

### Method of Payment

- ☐ NOVUS /DISCOVER CARD   
 ☐ VISA   
 ☐ MASTERCARD   
 ☐ CHECK  
☐ American Express   
 ☐ MONEY ORDER

CHARGE CARD NUMBER \_\_\_\_\_ EXP.DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Payments should be made to OSHPD. **Please mail your payment to:**  
**Office of Statewide Health Planning and Development**  
**Administration Division**  
**1600 9th Street, Room 450**  
**Sacramento, CA 95814**

OFFICE USE ONLY

(DO NOT WRITE IN THIS SPACE)